

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	73.55	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.81	*****	6.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Director of Regulatory Affairs		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	02/15/2013
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	74.5	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Scott Chatlin/ President		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	03/15/2013
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MM/DD/YYYY	MM/DD/YYYY
01/01/2013	03/31/2013

DMR Mailing ZIP CODE:

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MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	>= .0072	>= .0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.56	*****	6.56	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.2	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.099	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Scott Chatlin/ President. CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	04/05/2013
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

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03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77.76	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	<= 3.5	< 5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	07/15/2013
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MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE:

02169

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NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	75.66	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Scott Chatlin/ President, CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	05/13/2013
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MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

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NON-CONTACT COOLING

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.12	*****	7.12	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284		06/14/2013	
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MM/DD/YYYY	MM/DD/YYYY
04/01/2013	06/30/2013

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MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	< .0072	< .0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	9	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.9	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.288	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	08/15/2013
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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06/01/2013	06/30/2013

DMR Mailing ZIP CODE:

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MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.2	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	07/15/2013
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.81	deg F		24 per Hour	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	<= 3.5	<= 5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.32	deg F		24 per Hour	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	09/12/2013
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TRT will conduct relining work during its annual 2013 maintenance shutdown.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	09/30/2013

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0072	.0072	MGD	*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	13	*****	13	mg/L			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18	mg/L			
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.373	mg/L			
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	10/30/2013
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Due to the government shutdown this report was not submitted by the 10/15 due date

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82.56	deg F		Monthly	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	<= 4	<= 5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	10/30/2013
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This report was not filed by the 10/15 due date due to the government shutdown.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82.03	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	<= 4	<= 5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.26	*****	7.26	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	11/15/2013
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.63	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.86	*****	6.86	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	12/16/2013
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	12/31/2013

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0014	.0144	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.49	*****	7.49	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	NODI E	*****	NODI E				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI E				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	37	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.166	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE		DATE	
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284		02/14/2014	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00530 Sample volumes collected for analysis were not sufficient 00566 Sample volumes collected for analysis were not sufficient

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	64.81	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	01/14/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	61.65	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.24	*****	7.24	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	02/14/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.29	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.00016	.0144	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.18	*****	7.18	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	03/12/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0048	.0144	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.7	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.11	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	04/03/2014
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TSS was below detection limits but is represented by "0" FOG was below detection limits but is represented by "0"

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	81.66	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	04/03/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	81.3	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.49	*****	7.49	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	05/15/2014
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82.6	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.79	*****	6.79	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	06/13/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.000079	.0144	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	16	*****	16	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1769	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	07/14/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82.6	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.44	*****	7.44	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	07/14/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	81.74	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	08/14/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.93	deg F		60 per Hour	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	09/15/2014
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0086	.01	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.17	*****	7.17	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	20	*****	20	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Monthly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	mg/L		Monthly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.182	mg/L		Monthly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	10/15/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82.52	deg F		60 per Hour	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.75	*****	7.75	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	10/15/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	81.69	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.82	*****	7.82	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	11/24/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	65.69	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	12/15/2014
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0144	.00288	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.69	*****	7.69	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	16	*****	16	mg/L		Quarterly	10 Grabs
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.4	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1292	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	01/13/2015
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	64.11	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.24	*****	7.24	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	01/13/2015
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	52.16	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	02/11/2015
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	38.4	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.36	*****	7.36	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	03/12/2015
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00144	.0288	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.73	*****	6.73	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.2	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0834	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager			(617)745-4284	04/13/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	58.63	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.17	*****	7.17	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	04/13/2015
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.17	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Grab
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.17	*****	7.17	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	05/11/2015
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	91.96	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.39	*****	7.39	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	06/12/2015
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On May 10, 11, 12 the temperatures read over the temperature threshold due to a probe failure and related maintenance activities. Also, the unit was down on 5/16 and 5/27-31 due to power failures and outages. All other discharges for the month remained under the 87F threshold.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0072	.0144	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0912	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	07/15/2015
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.75	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.39	*****	7.39	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	07/15/2015
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85.63	deg F		See Comments	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)745-4284	08/14/2015
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

From 7/28 - 7/31 Temperature probes at the discharge location were replaced. During the replacement and testing process the temperature readings cycled to 170F but actual discharge temperatures never exceeded discharge limits.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.93	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	09/15/2015
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0000025	.00001	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.37	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1399	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	10/12/2015
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.5	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.48	*****	7.48	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	10/12/2015
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	76.38	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	11/17/2015
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	76.8	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	12/29/2015
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	12/31/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.000015	.00002	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.53	*****	7.53	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.38	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0954	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	01/14/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.6	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	01/14/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.34	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.21	*****	7.21	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	02/11/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.02	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.43	*****	7.43	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	03/15/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	03/31/2016

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00144	.0288	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.4	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.152	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	04/15/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	81.41	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.17	*****	7.17	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	04/15/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82.15	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.52	*****	7.52	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	05/17/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77.51	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	06/15/2016
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	06/30/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0072	.0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.41	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0841	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	07/14/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.76	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager			(617)745-4284	07/14/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	81.59	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.19	*****	7.19	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	08/15/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

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QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82.46	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.35	*****	7.35	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	09/14/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	09/30/2016

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	< .0028	.004	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.27	*****	7.72	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	15	*****	15	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.6	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1585	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael` Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	10/14/2016
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.31	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.62	*****	7.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	10/14/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	76.54	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	2.5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.58	*****	7.58	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	11/15/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	75.32	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	12/06/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	12/31/2016

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00144	.072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.11	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0596	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	01/16/2017
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	73.98	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.78	*****	7.78	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	11/16/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.82	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	02/15/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82.08	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.41	*****	7.41	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)745-4284	03/13/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	03/31/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00432	.036	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.29	*****	8.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	27	*****	27	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.09643	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE		DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		06/15/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This report is late due to access issues that required CDX and EPA to correct within the CDX NetDMR systems. These issues were corrected on June 15, 2017. TRT is attempting to file all back reports with 24hrs of the system being opened back up for access.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77.05	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	06/15/2017
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

This report is late due to access issues that required CDX and EPA to correct within the CDX NetDMR systems. These issues were corrected on June 15, 2017. TRT is attempting to file all back reports with 24hrs of the system being opened back up for access.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.35	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.62	*****	7.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	06/15/2017
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.98	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	06/15/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	06/30/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00288	.0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.62	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0751	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	07/14/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.56	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	07/14/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.36	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	08/15/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.78	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.5	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.27	*****	7.27	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	09/13/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

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LOCATION: 780 WASHINGTON ST
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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	09/30/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00144	.0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.6	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1805	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	10/13/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85.3	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	10/13/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

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QUINCY, MA 02169

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10/01/2017	10/31/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.26	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	11/15/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.83	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1	3.86	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.24	*****	7.24	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	12/14/2017
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	12/31/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0054	.216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.1	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0519	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	01/11/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	81.08	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1	3	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	01/11/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	61.5	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	02/12/2018
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.28	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.0079	2.55	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.19	*****	7.19	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	03/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	03/31/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.000001	.000015	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2462	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	04/13/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.28	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2	3.5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.49	*****	7.49	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	04/13/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.82	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.95	3.4	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.62	*****	7.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	05/16/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	63	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.37	*****	7.37	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	06/13/2018
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	06/30/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.000001	.000016	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.8	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1086	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	07/16/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.11	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.06	3.97	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.11	*****	7.11	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	07/16/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	170	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.51	90.18	MGD	*****	*****	*****	*****	1	Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU	1	Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	08/24/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TRT experience a probe failure in the monitoring system that recorded the maximum values for flow and temperature during the month of July and continuing into August 2018. The reported temperatures and flows are not the actual flows. TRT is working to replace the meters and flow that are recording inaccurate data. Prior to the equipment failure the max temperature was:74.78F and the max flow rate was:2.409MGD

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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QUINCY, MA 02169

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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.67	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	4.23	5	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.21	*****	7.21	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	09/17/2018
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	09/30/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00072	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.1	*****	21	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.2	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.182	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	10/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.7	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.61	3.42	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.53	*****	7.53	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	10/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.92	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.86	3.78	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.37	*****	7.37	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	11/15/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	74.45	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.479	3.425	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.21	*****	7.21	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	12/13/2018
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	12/31/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.000016	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.37	*****	7.8	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.12	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.06253	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	01/15/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	65.67	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.65	3.57	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.16	*****	7.16	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	01/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	67.24	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.9	3.77	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.99	*****	7.99	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	02/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.69	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.302	1.715	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.98	*****	7.98	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	03/18/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	03/31/2019

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00036	.0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.63	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	5.9	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85	mg/L	1	Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.4577	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	04/12/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The FOG sample was taken during a minimal flow event. There were no observed issues at the time in the collection area during the sampling that would lead to an elevated FOG. TRT is planning on resampling this area during the next expected rainfall event (4/12/19) to insure that there is no ongoing issue and to show compliance under the permit.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	66.56	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.803	3.785	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.02	*****	8.02	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	04/12/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69.89	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.0917	4.097	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.68	*****	7.68	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	05/16/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	63.77	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.076	3.021	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.59	*****	7.59	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	06/17/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	06/30/2019

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.000016	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.4	*****	5.4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.7	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.08839	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	07/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	68.06	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.214	3.1073	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.66	*****	7.66	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	07/15/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.03	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.945	4.61	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.39	*****	7.39	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	08/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69.89	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.384	5.612	MGD	*****	*****	*****	*****	1	Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.83	*****	7.83	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	09/17/2019
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The Daily Maximum flow rate limit was exceeded between August 16 and 18, 2019. The flow rate increased beyond the 5MGD threshold due to engineering efforts the pumping system. During this evolution, the controls that limit flow (based on temperature of the discharge) were disabled allowing the pumps to run to full capacity. After this was recognized the controls were returned to their original position. During the entire event the temperature of the discharge never exceeded 70F.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	09/30/2019

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00072	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	24	*****	24	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	28	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.2174	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	10/16/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	74.82	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.404	4.7499	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	10/16/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69.2	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.72	4.88	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.61	*****	7.61	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	11/15/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	66.93	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.829	3.162	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	7.55	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	12/13/2019
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0000141	.00072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.04306	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	01/14/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	64.08	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.974	3.81179	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	01/14/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	64.08	deg F		Instantaneous	Continuous
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.974	3.12	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.96	*****	7.96	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	02/14/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On Jan 18-19, and 23-24 the temperature monitor at the 003 discharge failed, repaired and returned to service.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	62.41	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.577	3.8692	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	03/18/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0108	.0216	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	53	*****	53	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.07424	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	04/15/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	71.44	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.505	3.8741	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.02	*****	8.02	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	04/23/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.73	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.874	3.9203	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	05/14/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	74.13	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.258	3.9854	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.81	*****	7.81	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	06/15/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0024	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	16	*****	16	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1365	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	07/15/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	91.4	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.169	4.6959	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.45	*****	7.45	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	07/15/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The high temperature limit was exceeded on 6/29/2020 between 11AM and 12PM. During this time the discharge temperature reached 91.4F. During this time the flow rate dropped to .7698mgd. This is the likely cause of the exceedance since if even the average system flow rate of 3.1mgd was maintained the flow would have been more than sufficient to provide proper cooling and protect the maximum discharge limit. TRT is conducting an investigation to ascertain what exactly may have been the root cause of this incident.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	87.58	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.007	4.6609	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.45	*****	7.45	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	08/14/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The temperature exceedance was found to be the result of the alarm / controls on the pump being turned off during a system inspection evolution and not being turned by on. This is the same issue that caused the 6/29/20 excursion found on 7/14/20. Please note that this excursion lasted approximately 1 hour and the flow rate at the time was across the system were 1.45 -1.48MGD.

DISCHARGE MONITORING REPORT (DMR)

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MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	87.85	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	3.212	4.6632	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.12	*****	7.12	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	09/16/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The temperature went over the discharge limit on 8/05 by .85F.

DISCHARGE MONITORING REPORT (DMR)

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MONITORING PERIOD	
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07/01/2020	09/30/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0018	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.78	*****	7.3	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	39	*****	39	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.7	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1311	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	10/15/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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09/01/2020	09/30/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	88.44	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.368	4.5231	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.12	*****	7.12	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	10/15/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On September 17, 2020 the system exceeded the discharge limit for approximately 3 hours. During this time the discharge temperature was between 87.15F and 88.44F. Additionally, during that time the flow rates ranged respectively from 1.115 MGD to .9440 MGD indicating a lack of flow to provide cooling to the system. This issue is being worked on by TRT's Engineering Dept. and should be resolved in the near future.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	86.09	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.0565	3.0241	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.22	*****	7.22	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	11/13/2020
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.62	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.381	2.8299	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.89	*****	6.89	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Mike Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	12/15/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00192	.00576	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	NODI B	*****	NODI B				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI B				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.3	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.04306	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Mike Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	01/15/2021
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	72.86	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.484	.81	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.91	*****	7.91	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Mike Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	01/15/2021
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

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MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.58	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.41	3.1011	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.65	*****	7.65	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	02/16/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.14	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	.602	3.278	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.62	*****	7.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	03/15/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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QUINCY, MA 02169

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MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00141	.0144	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.12	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.04116	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	04/15/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	86.64	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.143	3.5113	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.69	*****	7.69	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	04/15/2021
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MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.61	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.385	2.7812	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.43	*****	7.43	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	05/13/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.42	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.182	4.726	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.31	*****	7.31	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	06/15/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	06/30/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00194	.0143	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.8	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.05065	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	07/13/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.71	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.463	4.6125	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.77	*****	7.77	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	07/13/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85.93	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.542	3.6067	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.61	*****	7.61	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	08/17/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2021	08/31/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.68	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.2	4.5246	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.61	*****	7.61	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	09/15/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	09/30/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.00172	.0139	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.7	*****	5.7	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.14	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5599	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	10/12/2021
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	81.41	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.931	4.2954	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.52	*****	7.53	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	10/14/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2021	10/31/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.27	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.185	3.7932	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	11/15/2021
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2021	11/30/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	75.45	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.586	2.5015	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.11	*****	7.11	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski		TELEPHONE	DATE
Mike Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	12/14/2021
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2021	12/31/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0024	.0072	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.19	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.068	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	01/14/2022
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2021	12/31/2021

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.95	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.076	3.9296	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.17	*****	7.17	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	01/14/2022
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2022	01/31/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	67.15	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.484	3.7572	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	02/15/2022
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2022	02/28/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.01	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.052	3.973	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.32	*****	7.32	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Mike Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	03/15/2022
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2022	03/31/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0003	.006	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.64	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.49	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.09057	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815		04/12/2022	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2022	03/31/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	70.95	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.343	4.983	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.51	*****	7.51	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Mike Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	04/12/2022
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

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LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2022	04/30/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	75.525	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.477	3.8925	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.51	*****	7.51	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Mike Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)413-5815	05/16/2022
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

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MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2022	05/31/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	90	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.88	4.902	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	7.63	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	06/15/2022
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The high temp was recorded on 5/5/22 during a maintenance outage with 0 gpm flow rate. The temperature monitor may have been directly exposed to the sunlight during that period and on a dry surface.

DISCHARGE MONITORING REPORT (DMR)

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MA0004073	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2022	06/30/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0003	.006	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.5	*****	5.5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.5	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.07533	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Mike Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	07/14/2022
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

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MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2022	06/30/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	87.1	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.97	4.15	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.39	*****	7.39	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	07/15/2022
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The 003 discharge was over the 87F limit by .1 degree or less on June 26 and 28.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

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QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
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ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2022	07/31/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.65	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.48	4.76	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.98	*****	6.98	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Michael Glinski	TELEPHONE	DATE
Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	08/16/2022
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2022	08/31/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.93	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.91	4.0991	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.49	*****	7.49	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	09/15/2022
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2022	09/30/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	.0432	.0144	MGD	*****	*****	*****	*****		Quarterly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	33	*****	33	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.99	mg/L		Quarterly	Grab
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1648	mg/L		Quarterly	Grab
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	10/14/2022
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

FACILITY: TWIN RIVERS TECHNOLOGIES, QUINCY, LLC

LOCATION: 780 WASHINGTON ST
QUINCY, MA 02169

ATTN: MICHAEL GLINSKI, DIRECTOR, ESS

MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2022	09/30/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	97.662	deg F	1	Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.02	3.158	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.69	*****	7.69	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	10/14/2022
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

It appears on 9/14/22 the flow at the discharge dropped to .6386 MGD for about 1 - 2 minutes resulting in an elevated temperature. the reading prior to this one was 78.81F at a flow rate of 2.797MGD and the reading following was 78.97F at a flow rate of 78.94MGD. We are investigating why there was an instantaneous drop in flowrate.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2022	10/31/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.33	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	2.15	4	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.41	*****	7.41	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Mike Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	11/15/2022
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MA0004073	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2022	11/30/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80.83	deg F		Continuous	Recorder (auto)
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT	1.23	3.22	MGD	*****	*****	*****	*****		Monthly	Estimate
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.64	*****	7.64	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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Michael Glinski/ Regulatory Affairs Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)413-5815	12/15/2022
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: TWIN RIVERS TECHNOLOGIES, L.P.

ADDRESS: 780 WASHINGTON Street
QUINCY, MA 02169

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MA0004073	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2022	12/31/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

STORMWATER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Quarterly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUARTERLY

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2022	12/31/2022

DMR Mailing ZIP CODE:

02169

MINOR

(SUBR E)

NON-CONTACT COOLING

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	87 DAILY MX	deg F		Continuous	Recorder (auto)
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	5 MO AVG	5 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
					MM/DD/YYYY

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